

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 31, 2011**  
**Secretary of State**

DOCUMENT# N08000010643

**Entity Name:** BENITO MIDDLE SCHOOL ORCHESTRA BOOSTERS ASSOCIATION, INC.**Current Principal Place of Business:**BENITO MIDDLE SCHOOL  
10101 CROSS CREEK BLVD  
TAMPA, FL 33647**New Principal Place of Business:**BENITO MIDDLE SCHOOL - ORCHESTRA DEPT.  
10101 CROSS CREEK BLVD  
TAMPA, FL 33647**Current Mailing Address:**BENITO MIDDLE SCHOOL  
10101 CROSS CREEK BLVD  
TAMPA, FL 33647**New Mailing Address:**BENITO MIDDLE SCHOOL - ORCHESTRA DEPT.  
10101 CROSS CREEK BLVD  
TAMPA, FL 33647**FEI Number:** 26-1200034**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NELSON, ALICIA L MS  
10552 BERMUDA ISLE DRIVE  
TAMPA, FL 33647 US**Name and Address of New Registered Agent:**NOHREN, MILLIE MRS.  
17923 ARBOR GREEN DRIVE  
TAMPA, FL 33647 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MILLIE NOHREN

08/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JAMES-HEARD, ARTRICIA MRS.  
Address: 10101 CROSS CREEK BLVD.  
City-St-Zip: TAMPA, FL 33647 US

Title: VP  
Name: CAMPOS, CHRISTINE MRS.  
Address: 10101 CROSS CREEK BLVD  
City-St-Zip: TAMPA, FL 33647 US

Title: TRES  
Name: NOHREN, MILLIE MRS.  
Address: 10101 CROSS CREEK BLVD.  
City-St-Zip: TAMPA, FL 33647

Title: SEC  
Name: BOUCHER, SUSAN MRS  
Address: 10101 CROSS CREEK BLVD.  
City-St-Zip: TAMPA, FL 33647 US

Title: DIR  
Name: STROM, COLLEEN MRS  
Address: 10101 CROSS CREEK BLVD.  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MILLIE NOHREN

TRES

08/31/2011

Electronic Signature of Signing Officer or Director

Date